

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/596948

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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28				1		
29				1		
30				1		
31				1		
32		1		1		
33		1		1		
34		4		1		
35	1			1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	5	↓	5	↓87		↓
TOTAL DEP.	35	←1	31	←1	←1	←1
TOTAL CLAIMS	40	████████	36	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.				←1	←1	←1
TOTAL CLAIMS				████████	████████	████████